

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		/				
4		/				
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14		2	-			
15		2	-			
16		2	-			
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50						
TOTAL IND.	6					
TOTAL DEP.		14				
TOTAL CLAIMS	6	14				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						